

YEAR 2000 ANNUAL VERIFICATION OF CATASTROPHIC ENTITLEMENT FOR CERTAIN VA 100 PRECENT  
PERMANENT SERVICE CONNECTED RATED VETERANS AND THEIR SURVIVING SPOUSE (\$62.50/MO)

VETERAN'S NAME _____	HOME ADDRESS _____
SPOUSE'S NAME _____	_____
HOME DAY TELEPHONE # _____	_____
WORK DAY TELEPHONE # _____	COMPLETE ONLY IF MAILING ADDRESS IS DIFFERENT FROM HOME ADDRESS
VA CLAIM # _____	_____
CPF # _____	_____

The Privacy Act of 1974 (5 U.S.C. 522a) and the Social Security Act (42 U.S.C. 405) state that disclosure of your and/or your spouse's social security number cannot be made mandatory. However, the Privacy Act does provide that federal, state or local agencies may request the you voluntarily submit social security number(s) when written notice is given to you according to this Act.

The State of New Jersey Catastrophic Entitlement application/verification pursuant to NJSA 38:18-1 et seq. Request the social security number of the veteran and/or the spouse. This information will be used by both the New Jersey Department of Military and Veterans Affairs and the Division of Pensions and Benefits to ensure the accuracy of your benefit.

_____	_____	_____	_____
VETERAN'S SSN #	DATE OF BIRTH	SPOUSE'S SSN #	DATE OF BIRTH

The responses on this form are considered CONFIDENTIAL as provided by the Privacy Act. The information requested by this form is considered relevant and necessary to determine eligibility entitlement as established by N.J.S.A. 38:18-1 et.seq.

I authorize the New Jersey Department of Military and Veterans Affairs access and a limited power of attorney to my VA claim folder to secure a copy of the discharge (DD214) and verify the percentage of the service-connected disability; whether thus condition is permanent and total in nature; VA Claim number; current home address; and home address at time of entry into service. I also authorize access to any and all records from any State or Federal agencies pertaining to myself and/or my spouse to determine eligibility.

I certify that the statements on this form are true and correct to the best of my knowledge and belief.

_____ (VETERAN'S SIGNATURE OR MARK) IF VETERANCANNOT SIGN, A MARK IS REQUIRED WITH 2 WITNESSES SIGNING	_____ SPOUSE SIGNS ONLY IF VETERAN IS DECEASED
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1 <sup>ST</sup> WITNESS _____  (SIGNATURE OF WITNESS) _____  (PRINT NAME) _____  (# STREET) _____  (CITY, STATE, ZIP CODE)	2 <sup>ND</sup> WITNESS _____  (SIGNATURE OF WITNESS) _____  (PRINT NAME) _____  (# STREET) _____  (CITY, STATE, ZIP CODE)	COMPLETED BY COURT APPOINTED POWER OF ATTORNEY OR GUARDIANSHIP _____  (SIGNATURE OF POWER OF ATTORNEY) _____  (PRINT NAME OF P.O.A./GUARDIANSHIP) _____  (# STREET) _____  (CITY, STATE, ZIP CODE)
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DATE RECEIVED

FOR OFFICIAL USE ONLY

\*Duplicate Sheets  
3 Colors/White/Yellow/Green